KPDES FORM 1

✓ AI-1058

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

rec'd 9/29/06

PERMIT APPLICATION

This is an application to: (check one)
- ☐ Apply for a new permit.
- ☒ Apply for reissuance of expiring permit.
- ☐ Apply for a construction permit.
- ☐ Modify an existing permit.
  Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:
Form A, Form B, Form C, Form F, or Short Form C

For additional information contact: CHK 420
KPDES Branch (502) 564-3410

I. FACILITY LOCATION AND CONTACT INFORMATION	AGENCY USE	0	0	9	7	6	2	4

A. Name of business, municipality, company, etc. requesting permit
International Business Machines Corporation (IBM)

B. Facility Name and Location	C. Facility Owner/Mailing Address
Facility Location Name: Lexmark International, Inc.	Owner Name: IBM Corporation
Facility Location Address (i.e. street, road, etc.): 740 West New Circle Road	Mailing Street: 8976 Wellington Road
Facility Location City, State, Zip Code: Lexington, KY 40550	Mailing City, State, Zip Code: Manassas, VA 20109
	Telephone Number: (703) 257-1606

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc:

IBM sold the facility to Lexmark International, Inc. in 1991. As part of the sales agreement, IBM currently retains responsibility for certain remedial activities. The KPDES permit is requested for discharge of treated groundwater related to environmental remediation.

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description:	SIC Code ~~4959 Sanitary~~ 3579 Services, NEC (remediation services)		
Other SIC Codes:			

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 ½ minute quadrangle map for the site. (See instructions) **See Figure 1 attached**

B. County where facility is located: Fayette	City where facility is located (if applicable): Lexington
C. Body of water receiving discharge: Unnamed tributary of Cane Run	
D. Facility Site Latitude (degrees, minutes, seconds): 38° 04' 13"	Facility Site Longitude (degrees, minutes, seconds): 84° 29' 25"
E. Method used to obtain latitude & longitude (see instructions):	USGS 7½ minute quad map coordinates
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):	Not applicable

IV. OWNER/OPERATOR INFORMATION

A. Type of Ownership:
☐ Publicly Owned ☒ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned

B. Operator Contact Information (See instructions)

Name of Treatment Plant Operator:	Telephone Number:
Not Applicable (N/A)	N/A
Operator Mailing Address (Street): N/A	
Operator Mailing Address (City, State, Zip Code): N/A	
Is the operator also the owner? Yes ☐ No ☐	Is the operator certified? If yes, list certification class and number below. Yes ☐ No ☐
Certification Class: N/A	Certification Number: N/A

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:	Issue Date of Current Permit:	Expiration Date of Current Permit:
KY 0097624	August 1, 2004	March 31, 2007
Number of Times Permit Reissued:	Date of Original Permit Issuance:	Sludge Disposal Permit Number:
2	August 19, 1993	N/A
Kentucky DOW Operational Permit #:	Kentucky DSMRE Permit Number(s):	
N/A	N/A	

C. Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	N/A	
Solid or Special Waste	N/A	
Hazardous Waste - Registration or Permit	N/A	

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). The information in this section serves to specifically identify the department, office or individual you designate as responsible for submitting DMR forms to the Division of Water.

A. Name of department, office or official submitting DMRs:	David Shea
B. Address where DMR forms are to be sent. (Complete only if address is different from mailing address in Section I.)	
DMR Mailing Name:	Sanborn, Head & Associates, Inc.
DMR Mailing Street:	20 Foundry Street
DMR Mailing City, State, Zip Code:	Concord, NH 03301
DMR Official Telephone Number:	(603) 229-1900

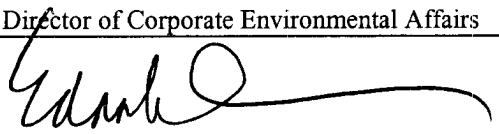
VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:	Filing Fee Enclosed:
Minor Industry ✓	$420.00

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Edan T. Dionne, Director of Corporate Environmental Affairs	(914) 766-2729
SIGNATURE 	DATE: 9/27/2006

KPDES FORM C

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact KPDES Branch, (502) 564-3410.

Name of Facility: IBM-Lexington	County: Fayette
I. OUTFALL LOCATION	AGENCY USE

For each outfall list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

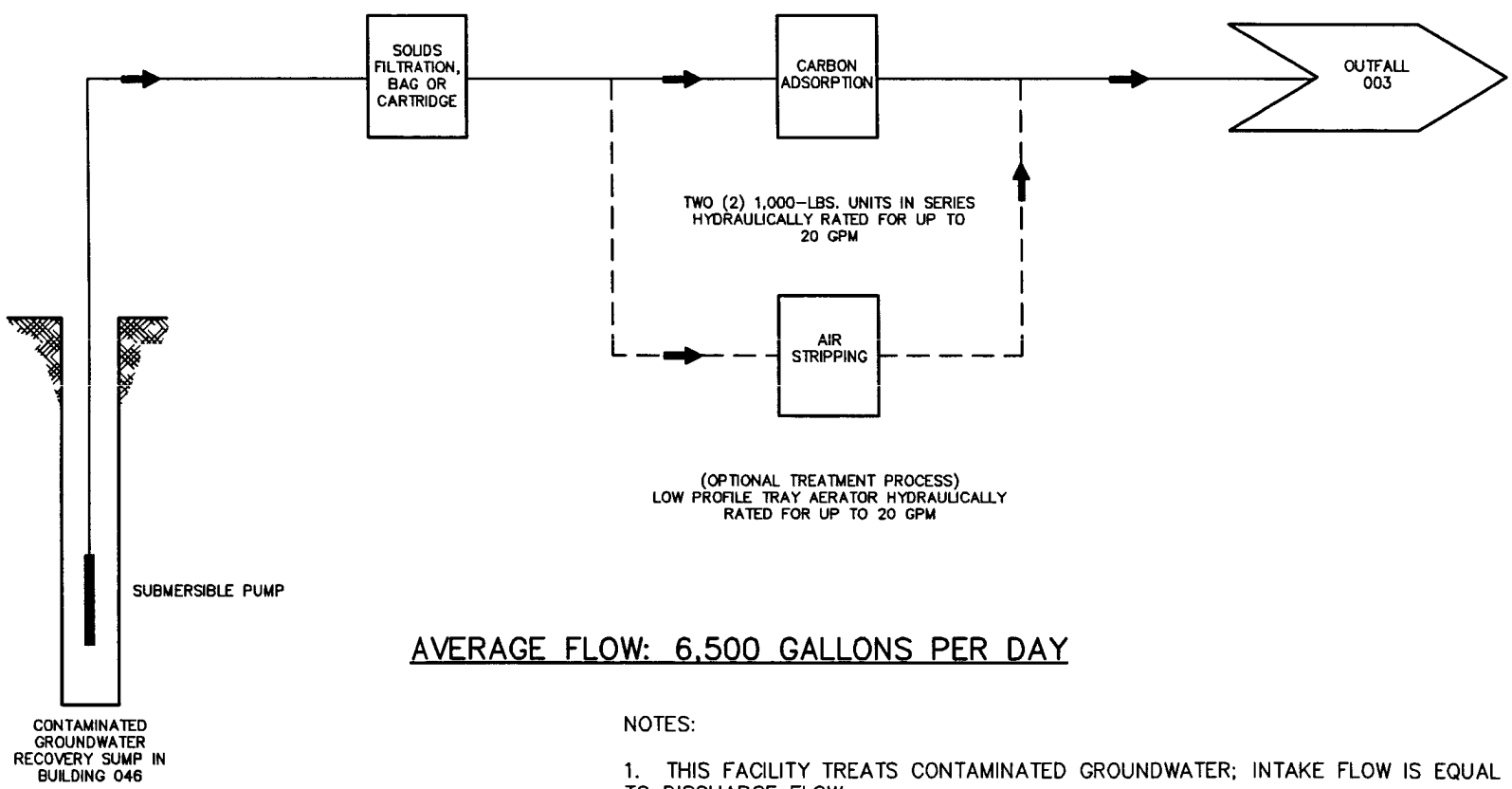
Outfall No. (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
003	38	04	06	84	29	25	Unnamed tributary of Cane Run

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfall. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures. **(See Figure 2 attached)**

B. For each outfall, provide a description of: (1) all operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) the average flow contributed by each operation; and (3) the treatment received by the wastewater. Continue on additional sheets if necessary.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	Description	List Codes from Table C-1
003	Contaminated groundwater	4,800 gal/day (avg)	Bag/cartridge filter,	XX
		21,600 gal/day (max)	carbon adsorption or air stripping	2A



AVERAGE FLOW: 6,500 GALLONS PER DAY

NOTES:

1. THIS FACILITY TREATS CONTAMINATED GROUNDWATER; INTAKE FLOW IS EQUAL TO DISCHARGE FLOW.

2. AVERAGE FLOW IS BASED ON FLOW TOTALIZER READINGS FOR CALENDAR YEAR 2002. ACTUAL DAILY FLOW MAY BE UP TO 14,400 GPD (10 GPM).

3. AIR STRIPPING IS SHOWN AS AN OPTIONAL TREATMENT UNIT THAT MAY BE USED IF FOUND TO BE MORE COST EFFECTIVE THAN CARBON ADSORPTION.

Sanborn, Head & Associates
Consulting Engineers & Scientists

IBM CORPORATION
LEXINGTON, KENTUCKY

FLOW DIAGRAM OUTFALL 003

DATE: SEP 06 | SCALE: NTS | FILE NO. 1985
CHECKED BY: DS | DRAWN BY: PGP | FIGURE NO. 2

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (Continued)

C. Except for storm water runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☐ Yes (Complete the following table.) ☒ No (Go to Section III.)

OUTFALL NUMBER (list)	OPERATIONS CONTRIBUTING FLOW (list)	FREQUENCY		FLOW				
		Days Per Week (specify average)	Months Per Year (specify average)	Flow Rate (in mgd)		Total volume (specify with units)		Duration (in days)
				Long-Term Average	Maximum Daily	Long-Term Average	Maximum Daily	

III. MAXIMUM PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☐ Yes (Complete Item III-B) List effluent guideline category:

☒ No (Go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measures of operation)?

☐ Yes (Complete Item III-C) ☐ No (Go to Section IV)

C. If you answered "Yes" to Item III-B, list the quantity which represents the actual measurement of your maximum level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

MAXIMUM QUANTITY			Affected Outfalls (list outfall numbers)
Quantity Per Day	Units of Measure	Operation, Product, Material, Etc. (specify)	

IV. IMPROVEMENTS

A. Are you now required by any federal, state or local authority to meet any implementation schedule for the construction, upgrading, or operation of wastewater equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders and grant or loan conditions.

☐ Yes (Complete the following table) ☒ No (Go to Item IV-B)

IDENTIFICATION OF CONDITION AGREEMENT, ETC.	AFFECTED OUTFALLS		BRIEF DESCRIPTION OF PROJECT	FINAL COMPLIANCE DATE	
	No.	Source of Discharge		Required	Projected

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.
NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered 5-18.

D. Use the space below to list any of the pollutants (refer to SARA Title III, Section 313) listed in Table C-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

POLLUTANT	SOURCE	POLLUTANT	SOURCE
See Attachment V.D			

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

A. Is any pollutant listed in Item V-C a substance or a component of a substance which you use or produce, or expect to use or produce over the next 5 years as an immediate or final product or byproduct?

☐ Yes (List all such pollutants below) ☒ No (Go to Item VI-B)

B. Are your operations such that your raw materials, processes, or products can reasonably be expected to vary so that your discharge of pollutants may during the next 5 years exceed two times the maximum values reported in Item V?

☐ Yes (Complete Item VI-C) ☒ No (Go to Item VII)

C. If you answered "Yes" to Item VI-B, explain below and describe in detail to the best of your ability at this time the sources and expected levels of such pollutants which you anticipate will be discharged from each outfall over the next 5 years. Continue on additional sheets if you need more space.

Attachment V.D

For Outfall 003:

Pollutant	Source
No. 134: Ethylene dichloride (1,2-Dichloroethene)	This pollutant is present in the contaminated groundwater undergoing remediation treatment. Influent concentrations of this pollutant in 23 monthly samples since 2004 have averaged 0.52 mg/l, with a maximum concentration of 0.808 mg/l. This pollutant was not detected in any of the monthly effluent samples for which it was analyzed since August 1, 2004 (issuance date of current permit).
No. 266: Trichloroethylene	This pollutant is present in the contaminated groundwater undergoing remediation treatment. Influent concentrations of this pollutant in 23 monthly samples collected since 2004 have averaged 2.17 mg/l, with a maximum concentration of 3.34 mg/l. This pollutant was not detected in any of the monthly effluent samples for which it was analyzed since August 1, 2004 (issuance date of current permit).

VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge of or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes (Identify the test(s) and describe their purposes below) ☒ No (Go to Section VIII)

VIII. CONTRACT ANALYSIS INFORMATION

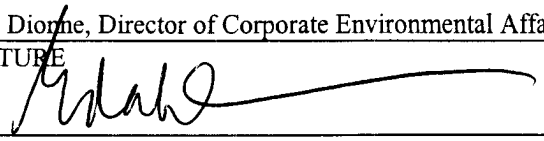
Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

☒ Yes (list the name, address, and telephone number of, and pollutants analyzed by each such laboratory or firm below) ☐ No (Go to Section IX)

NAME	ADDRESS	TELEPHONE (Area code & number)	POLLUTANTS ANALYZED (list)
IBM Hudson Valley Environmental Laboratory	2070 Route 52 Hopewell Junction, NY 12533-6531	(845) 894-5700	All reported herein

IX. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Edan T. Dionne, Director of Corporate Environmental Affairs	(914) 766-2729
SIGNATURE 	DATE 9/27/06

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. (See instructions)

V. INTAKE AND EFFLUENT CHARACTERISTICS (Continued from page 3 of Form C) — **OUTFALL NO. 003**

Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT							3. UNITS (specify if blank)		4. INTAKE (optional)		
	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No of Analyses
	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
a. Biochemical Oxygen Demand (BOD)	3.4	0.61					1	mg/l	lbs/day			
b. Chemical Oxygen Demand (COD)	< 5	< 0.9					1	mg/l	lbs/day			
c. Total Organic Carbon (TOC)	1.9	0.34					1	mg/l	lbs/day			
d. Total Suspended Solids (TSS)	<2	<0.4					1	mg/l	lbs/day			
e. Ammonia (as N)	1.8	0.32					1	mg/l	lbs/day			
f. Flow (in units of MGD)	VALUE	0.0216	VALUE		VALUE		Continuous monitoring	MGD		VALUE		
g. Temperature (winter)	VALUE	12	VALUE		VALUE		*	°C		VALUE		
h. Temperature (summer)	VALUE	20	VALUE		VALUE		*	°C		VALUE		
i. pH	MINIMUM 6.4	MAXIMUM 7.8	MINIMUM	MAXIMUM			22	STANDARD UNITS				

* Temperature is based on knowledge of typical winter and summer temperatures of the groundwater being treated.

Part B - In the MARK "X" column, place an "X" in the Believed Present column for each pollutant you know or have reason to believe is present. Place an "X" in the Believed Absent column for each pollutant you believe to be absent. If you mark the Believed Present column for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X" a. Believed Present	2. MARK "X" b. Believed Absent	3. EFFLUENT a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	4. UNITS a. Concentration	4. UNITS b. Mass	6. INTAKE (optional) a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	6. INTAKE (optional) b. No. of Analyses
a. Bromide (24959-67-9)		X							1	mg/l	lbs/day			
b. Bromine Total Residual		X												
c. Chloride *	X		212	38.2										
d. Chlorine, Total Residual		X												
e. Color		X												
f. Fecal Coliform		X												
g. Fluoride (16984-48-8)		X												
h. Hardness * (as $CaCO_3$)	X		562	101					1	mg/l	lbs/day			
i. Nitrate – * Nitrite(as N)	X		1.01	0.18					1	mg/l	lbs/day			
j. Nitrogen, Total Organic (as N)		X												
k. Oil and Grease		X												
l. Phosphorous (as P), Total* 7723-14-0	X		0.12	0.022					1	mg/l	lbs/day			
m. Radioactivity														
(1) Alpha, Total		X												
(2) Beta, Total		X												
(3) Radium Total		X												
(4) Radium, 226, Total		X												

* The above pollutants marked "Believed Present" are natural constituents of the groundwater being recovered and treated.

Part B - Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"		3. EFFLUENT						4. UNITS		5. INTAKE (optional)		
	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value (1) Concentration	a. Long-Term Avg. Value (2) Mass	b. No. of Analyses
n. Sulfate (as SO_4) * (14808-79-8)	X		161	29.0					1	mg/l	lbs/day			
o. Sulfide (as S)		X												
p. Sulfite (as SO_4) (14286-46-3)		X												
q. Surfactants		X												
r. Aluminum, Total (7429-90)		X												
s. Barium, Total (7440-39-3)		X												
t. Boron, Total (7440-42-8)		X												
u. Cobalt, Total (7440-48-4)		X												
v. Iron, Total (7439-89-6)		X												
w. Magnesium Total * (7439-96-4)	X		15.9	2.86					1	mg/l	lbs/day			
x. Molybdenum Total (7439-98-7)		X												
y. Manganese, Total * (7439-96-6)	X		0.03	0.006					1	mg/l	lbs/day			
z. Tin, Total (7440-31-5)		X												
aa. Titanium, Total (7440-32-6)		X												

* The above pollutants marked "Believed Present" are natural constituents of the groundwater being recovered and treated.

Part C – If you are a primary industry and this outfall contains process wastewater, refer to Table C-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in the **Testing Required** column for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark this column (secondary industries, nonprocess wastewater outfalls, and non-required GC/MS fractions), mark "X" in the **Believed Present** column for each pollutant you know or have reason to believe is present. Mark "X: in the **Believed Absent** column for each pollutant you believe to be absent. If you mark either the **Testing Required** or **Believed Present** columns for any pollutant, you must provide the result of at least one analysis for that pollutant. Note that there are seven pages to this part; please review each carefully. Complete one table (all seven pages) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
METALS, CYANIDE AND TOTAL PHENOLS															
1M. Antimony Total (7440-36-0)			X												
2M. Arsenic, Total (7440-38-2)			X												
3M. Beryllium Total (7440-41-7)			X												
4M. Cadmium Total (7440-43-9)			X												
5M. Chromium Total (7440-43-9)			X												
6M. Copper Total (7550-50-8)			X												
7M. Lead Total (7439-92-1)			X												
8M. Mercury Total (7439-97-6)			X												
9M. Nickel, Total (7440-02-0)			X												
10M. Selenium, Total (7782-49-2)			X												
11M. Silver, Total (7440-28-0)			X												

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
METALS, CYANIDE AND TOTAL PHENOLS (Continued)															
12M. Thallium, Total (7440-28-0)			X												
13M. Zinc, Total (7440-66-6)			X												
14M. Cyanide, Total (57-12-5)			X												
15M. Phenols, Total			X												
DIOXIN															
2,3,7,8 Tetra-chlorodibenzo, P, Dioxin (1784-01-6)			X	DESCRIBE RESULTS:											
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V. Acrolein (107-02-8)			X												
2V. Acrylonitrile (107-13-1)			X												
3V. Benzene (71-43-2)			X												
5V. Bromoform (75-25-2)			X												
6V. Carbon Tetrachloride (56-23-5)			X												
7V. Chloro-benzene (108-90-7)			X												
8V. Chlorodibro-momethane (124-48-1)			X												

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
9V. Chloroethane (74-00-3)			X												
10V. 2-Chloro-ethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X												
12V. Dichloro-bromomethane (75-71-8)			X												
14V. 1,1-Dichloroethane (75-34-3)			X												
15V. 1,2-Dichloroethane (107-06-2)			X												
16V. 1,1-Dichlorethylene (75-35-4)			X												
17V. 1,2-Di-chloropropane (78-87-5)			X												
18V. 1,3-Dichloropro-pylene (452-75-6)			X												
19V. Ethyl-benzene (100-41-4)			X												
20V. Methyl Bromide (74-83-9)			X												

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
21V. Methyl Chloride (74-87-3)			X												
22V. Methylene Chloride (75-00-2)			X												
23V. 1,1,2,2-Tetrachloro-ethane (79-34-5)			X												
24V. Tetrachloro-ethylene (127-18-4)			X												
25V. Toluene (108-88-3)			X												
26V. 1,2-Trans-Dichloro-Ethylene (156-60-5)			X (see Note)	<0.001	<0.00018			<0.001	<0.00018	23	mg/l	lbs/ day			
27V. 1,1,1-Tri-chloroethane (71-55-6)			X												
28V. 1,1,2-Tri-chloroethane (79-00-5)			X												
29V. Trichloro-ethylene (79-01-6)			X (see Note)	<0.001	<0.00018			<0.001	<0.00018	23	mg/l	lbs/ day			
30V. Vinyl Chloride (75-01-4)			X												

Note: Dichloroethylene (the sum of cis-1,2- and trans-1,2-) and Trichloroethylene were detected in the monthly influent samples at maximum concentrations of 0.808 mg/L and 3.34 mg/L respectively. Both compounds were below detection limits in all effluent samples tested.

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chloro-phenol (95-57-8)			X												
2A. 2,4-Dichlor-Orophenol (120-83-2)			X												
3A. 2,4-Dimeth-ylphenol (105-67-9)			X												
4A. 4,6-Dinitro-o-cresol (534-52-1)			X												
5A. 2,4-Dinitro-phenol (51-28-5)			X												
6A. 2-Nitro-phenol (88-75-5)			X												
7A. 4-Nitro-phenol (100-02-7)			X												
8A. P-chloro-m-cresol (59-50-7)			X												
9A. Pentachloro-phenol (87-88-5)			X												
10A. Phenol (108-05-2)			X												
11A. 2,4,6-Tri-chlorophenol (88-06-2)			X												
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acena-phthene (83-32-9)			X												

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
2B. Acenaphtylene (208-96-8)			X												
3B. Anthracene (120-12-7)			X												
4B. Benzidine (92-87-5)			X												
5B. Benzo(a)-anthracene (56-55-3)			X												
6B. Benzo(a)-pyrene (50-32-8)			X												
7B. 3,4-Benzo-fluoranthene (205-99-2)			X												
8B. Benzo(ghl) perylene (191-24-2)			X												
9B. Benzo(k)-fluoranthene (207-08-9)			X												
10B. Bis(2-chlor-oethoxy)-methane (111-91-1)			X												
11B. Bis (2-chlor-oisopropyl)-Ether			X												
12B. Bis (2-ethyl-hexyl)-phthalate (117-81-7)			X												

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
13B. 4-Bromo-phenyl Phenyl ether (101-55-3)			X												
14B. Butyl-benzyl phthalate (85-68-7)			X												
15B. 2-Chloro-naphthalene (7005-72-3)			X												
16B. 4-Chloro-phenyl phenyl ether (7005-72-3)			X												
17B. Chrysene (218-01-9)			X												
18B. Dibenzo-(a,h) Anthracene (53-70-3)			X												
19B. 1,2-Dichloro-benzene (95-50-1)			X												
20B. 1,3-Dichloro-Benzene (541-73-1)			X												
21B. 1,4-Dichloro-benzene (106-46-7)			X												
22B. 3,3-Dichloro-benzidene (91-94-1)			X												
23B. Diethyl Phthalate (84-66-2)			X												

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
24B. Dimethyl Phthalate (131-11-3)			X												
25B. Di-N-butyl Phthalate (84-74-2)			X												
26B. 2,4-Dinitro-toluene (121-14-2)			X												
27B. 2,6-Dinitro-toluene (606-20-2)			X												
28B. Di-n-octyl Phthalate (117-84-0)			X												
29B. 1,2-diphenyl-hydrazine (as azonbenzene) (122-66-7)			X												
30B. Fluoranthene (208-44-0)			X												
31B. Fluorene (86-73-7)			X												
32B. Hexachloro-benzene (118-71-1)			X												
33B. Hexachloro-butadiene (87-68-3)			X												
34B. Hexachloro-cyclopenta-diene (77-47-4)			X												

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
35B. Hexachloroethane (67-72-1)			X												
36B. Indneo-(1,2,3-oc)-Pyrene (193-39-5)			X												
37B. Isophorone (78-59-1)			X												
38B. Napthalene (91-20-3)			X												
39B. Nitrobenzene (98-95-3)			X												
40B. N-Nitrosodimethylamine (62-75-9)			X												
41B. N-nitrosodi-n-propylamine (621-64-7)			X												
42B. N-nitrosodiphenylamine (86-30-6)			X												
43B. Phenanthrene (85-01-8)			X												
44B. Pyrene (129-00-0)			X												
45B. 1,2,4 Trichlorobenzene (120-82-1)			X												

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)			X												
2P. α-BHC (319-84-6)			X												
3P. β-BHC (58-89-9)			X												
4P. gamma-BHC (58-89-9)			X												
5P. δ-BHC (319-86-8)			X												
6P. Chlordane (57-74-9)			X												
7P. 4,4'-DDT (50-29-3)			X												
8P. 4,4'-DDE (72-55-9)			X												
9P. 4,4'-DDD (72-54-8)			X												
10P. Dieldrin (60-57-1)			X												
11P. α-Endosulfan (115-29-7)			X												
12P. β-Endosulfan (115-29-7)			X												
13P. Endosulfan Sulfate (1031-07-8)			X												
14P. Endrin (72-20-8)			X												

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT						d. No. of Analyses	4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)			a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – PESTICIDES															
15P. Endrin Aldehyde (7421-93-4)			X												
16P Heptachlor (76-44-8)			X												
17P. Heptaclor Epoxide (1024-57-3)			X												
18P. PCB-1242 (53469-21-9)			X												
19P. PCB-1254 (11097-69-1)			X												
20P. PCB-1221 (11104-28-2)			X												
21P. PCB-1232 (11141-16-5)			X												
22P. PCB-1248 (12672-29-6)			X												
23P. PCB-1260 (11096-82-5)			X												
24P. PCB-1016 (12674-11-2)			X												
25P. Toxaphene (8001-35-2)			X												

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CTB FILE: SHA STANDARD.CTB
PLOT DATE: 9-25-06

XREFS:

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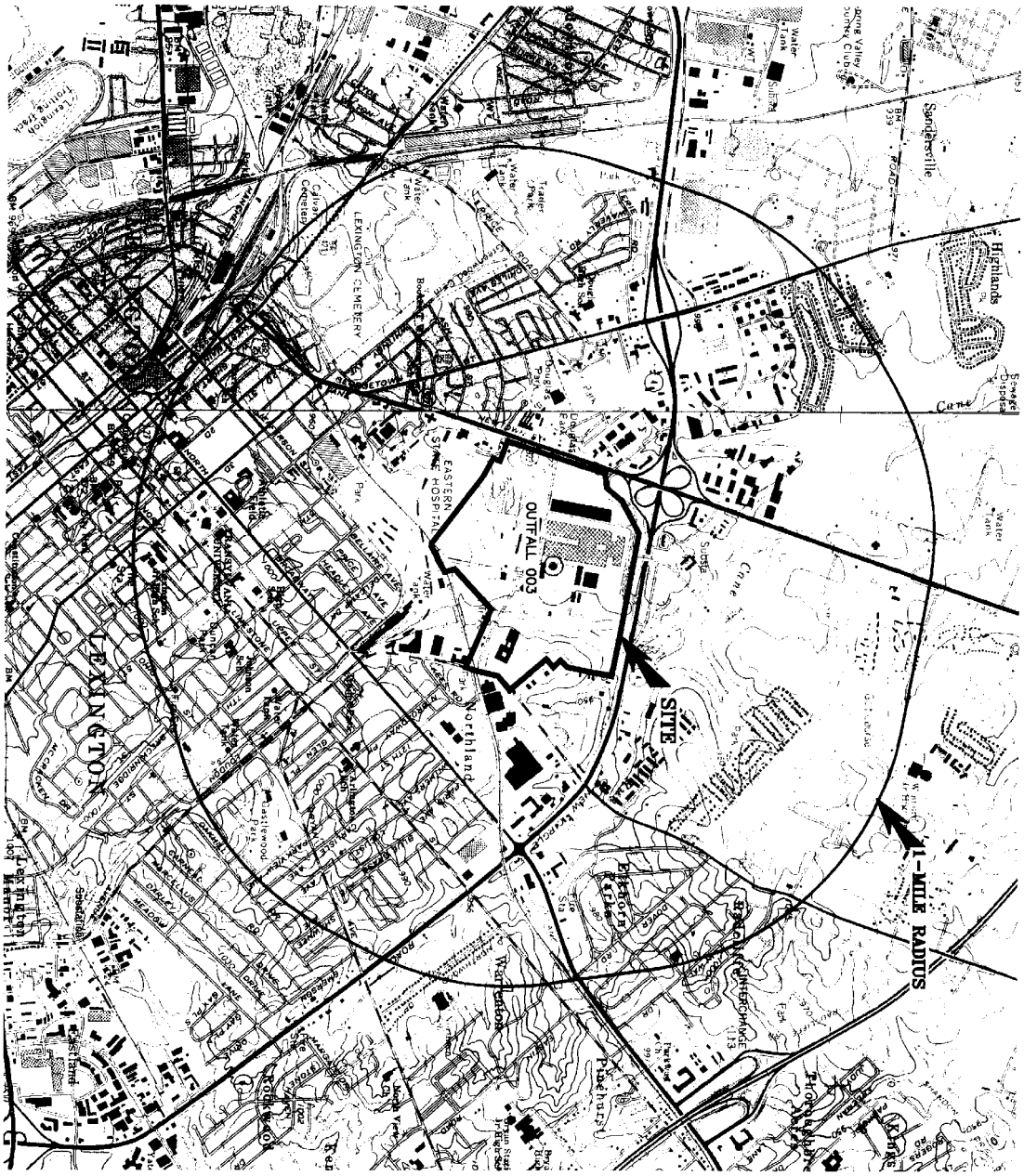


NOTES:

BASE MAP TAKEN FROM 7.5 MINUTE USGS QUADRANGLE MAP (s):
LEXINGTON EAST, KENTUCKY (REVISED 1993)
LEXINGTON WEST, KENTUCKY (REVISED 1993)

LEGEND:

PROPERTY BOUNDARY

OUTFALL LOCATION

PROJECT NUMBER: 1985	**IBM CORPORATION** LEXINGTON, KENTUCKY	DRAWN BY: PGP DESIGNED BY: DS CHECKED BY: DS REVIEWED BY: DS PROJECT MGR: DS PIC: DBC DATE: SEP 06	GRAPHICAL SCALE 2000' 1000' 0 2000'
FIGURE NUMBER: 1	**FACILITY LOCATION MAP**		SHA Sanborn, Head & Associates *Consulting Engineers & Scientists*

RENEWAL APPLICATION DUE 9/30/06

KY0097624 (IBM)

ATTACHMENT #1

ERNIE FLETCHER
GOVERNOR

ENVIRONMENTAL AND PUBLIC PROTECTION CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WATER
14 REILLY ROAD
FRANKFORT, KENTUCKY 40601-1190
www.kentucky.gov

LAJUANA S. WILCHER
SECRETARY

STATEMENT OF BASIS

KPDES No.: KY0097624 **Permit Writer:** Mahmoud Sartipi **Date:** April 27, 2004

Facility Name: International Business Machines Corporation (IBM)
8976 Wellington Road
Manassas, Virginia 20109

Facility Location: Lexmark International, Inc.
740 West New Circle Road
Lexington, Fayette County, Kentucky

Permitting Action: This is a re-issuance of a permit to an existing facility that manufactures and distributes typewriters, printers, keyboards, and supply items for these products (SIC Code 3579).

Permit Duration: Expires March 31, 2007. This expiration date will place the facility in the correct 5-year cycle as per the Kentucky Watershed Management Framework. In this instance, the permit is scheduled for re-issuance in April 2007 for the Kentucky Basin Management Unit.

Description of Discharge: This facility has one discharge (Outfall 003) of remediated groundwater from removal and recovery of volatile organic compounds. Outfalls 001, 002, 004, and 005 are no longer being used for remediation systems associated with this operation (design flow = 28,800 gpd), and are being inactivated as part of this permitting action.

Treatment Provided: Bag/cartridge filter and carbon adsorption or air stripping

Receiving Stream: Unnamed tributary (RMI 0.4) of Cane Run (RMI 15.6)

Stream Segment Use Classification: Warmwater Aquatic Habitat, Primary/Secondary Contact Recreation, and Domestic Water Supply

Stream Low Flow Condition: 7Q10 = 0 cfs
Q_{HM} = 0.1 cfs

Water Quality or Effluent Limited: This permit is water quality limited.

Justification of Permit Conditions:

The following regulations are pursuant to KRS 224.70-100 and KRS 224.70-110.

Trichloroethylene
The limitations for this parameter are based on the Permit Writer's "Best Profesional Judgement" (BPJ) of the "Best Available Technology Economically Achievable" (BAT) consistent with 401 KAR 5:080, Section 1(2)(c)2 and 401 KAR 5:065, Section 2(11).

tam

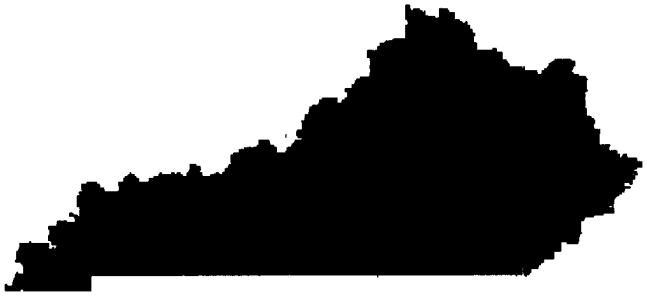
1,2-Dichloroethylene
The monitoring requirements for this parameter are consistent with the requirements of 401 KAR 5:065, Section 2(8).

pH
The limits for this parameter are consistent with the requirements of 401 KAR 5:031, Section 4(1)(b).

Antidegradation:

The conditions of 401 KAR 5:029, Section 1(1) have been satisfied by this permit action. A review under Section 1(2), (3), and (4) is not applicable.

KPDES



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT

PERMIT NO.: KY0097624

AUTHORIZATION TO DISCHARGE UNDER THE KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

Pursuant to Authority in KRS 224,

International Business Machines Corporation (IBM)
8976 Wellington Road
Manassas, Virginia 20109

is authorized to discharge from a facility located at

Lexmark International, Inc.
740 West New Circle Road
Lexington, Fayette County, Kentucky 40511

to receiving waters named

Unnamed tributary (RMI 0.4) of Cane Run (RMI 15.6)

in accordance with effluent limitations, monitoring requirements, and other conditions set forth in PARTS I, II, and III hereof. The permit consists of this cover sheet, and PART I 2 pages, PART II 1 page, and PART III 1 page.

This permit shall become effective on AUG 1 2004

This permit and the authorization to discharge shall expire at midnight, March 31, 2007.

JUN 2 2 2004
Date Signed

Jeffrey W. Pratt, Director
Division of Water

Lloyd R. Cress
Commissioner

If you have any questions regarding the KPDES decision, please contact Courtney Seitz, Inventory and Data Management Section, KPDES Branch, at (502) 564-2225, extension 465.

Further information on procedures and legal matters pertaining to the hearing request may be obtained by contacting the Office of Administrative Hearings at (502) 564-7312.

Sincerely,

Jeffrey W. Pratt, Director
Division of Water

JWP:NG:ng
Enclosure

c: Frankfort Regional Office
Division of Water Files

A. EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

During the period beginning on the effective date of this permit and lasting through the term of this permit, the permittee is authorized to discharge from Outfall serial number: 003 - Groundwater capture and treatment system discharge.

Such discharges shall be limited and monitored by the permittee as specified below:

EFFLUENT CHARACTERISTICS	DISCHARGE LIMITATIONS kg/day (lbs/day)		Other Units (Specify)		MONITORING REQUIREMENTS	
	Monthly Avg.	Daily Max.	Monthly Avg.	Daily Max.	Measurement Frequency	Sample Type
Flow, m^3/day (MGD)	Report	Report	N/A	N/A	1/Month	Instantaneous
Trichloroethylene	N/A	N/A	141.0 µg/l	141.0 µg/l	1/Month	Grab
1,2-Dichloroethylene	N/A	N/A	Report	Report	1/Month	Grab

The pH of the effluent shall not be less than 6.0 standard units nor greater than 9.0 standard units and shall be monitored 1/Month by grab sample.

There shall be no discharge of floating solids or visible foam or sheen in other than trace amounts.

Samples taken in compliance with the monitoring requirements specified above shall be taken at the following location: nearest accessible point after final treatment, but prior to actual discharge or mixing with receiving waters.

B. Schedule of Compliance

The permittee shall achieve compliance with all requirements on the effective date of this permit.

PART III

OTHER REQUIREMENTS

A. Reporting of Monitoring Results

Monitoring results must be obtained for each month and reported on a preprinted Discharge Monitoring Report (DMR) Form, which will be mailed to you each quarter for the upcoming quarter. The completed DMRs for each month must be sent to the Division of Water at the address listed below (with a copy to the appropriate Regional Office) postmarked no later than the 28th day of the month following the completed quarter.

Division of Water
Frankfort Regional Office
643 Teton Trail, Suite B
Frankfort, Kentucky 40601
ATTN: Supervisor

Environmental & Public Protection Cabinet
Dept. for Environmental Protection
Division of Water/KPDES Branch
14 Reilly Road, Frankfort Office Park
Frankfort, Kentucky 40601

B. Reopener Clause

This permit shall be modified, or alternatively revoked and reissued, to comply with any applicable effluent standard or limitation issued or approved under 401 KAR 5:050 through 5:080 and KRS 224, if the effluent standard or limitation so issued or approved:

1. Contains different conditions or is otherwise more stringent than any effluent limitation in the permit; or

2. Controls any pollutant not limited in the permit.

The permit as modified or reissued under this paragraph shall also contain any other requirements of KRS Chapter 224 when applicable.

STANDARD CONDITIONS FOR KPDES PERMIT

The permittee is also advised that all KPDES permit conditions in KPDES Regulation 401 KAR 5:065, Section 1 will apply to all discharges authorized by this permit.

This permit has been issued under the provisions of KRS Chapter 224 and regulations promulgated pursuant thereto. Issuance of this permit does not relieve the permittee from the responsibility of obtaining any other permits or licenses required by this Cabinet and other state, federal and local agencies.

It is the responsibility of the permittee to demonstrate compliance with permit parameter limitations by utilization of sufficiently sensitive analytical methods.

SHA
Sanborn, Head & Associates
Consulting Engineers & Scientists

September 26, 2006
File No. 1985

Ms. Vickie Prather, Acting Supervisor
Division of Water, KPDES Branch
Inventory & Data Management Section
Department for Environmental Protection
Frankfort Office Park
14 Reilly Road
Frankfort, KY 40601

Re: Renewal Application
KPDES Permit No. KY0097624
IBM Corporation
Fayette County, Kentucky

Dear Ms. Prather:

On behalf of International Business Machines Corporation (IBM), Sanborn, Head & Associates, Inc. (SHA) has prepared the enclosed application for renewal of Kentucky Pollutant Discharge Elimination System (KPDES) Permit No. KY0097624. The enclosed application includes:

- KPDES Form 1
- KPDES Form C
- Application Filing Fee of $420 (Minor Industry)

IBM's current KPDES permit, which expires March 31, 2007, pertains to Outfall 003 at the Lexmark International, Inc. facility (the site) in Lexington, Kentucky. Although Lexmark has owned the site since 1991, IBM currently retains responsibility for certain remedial activities at the Site as the former site owner.

Outfall 003 receives groundwater being recovered and treated for removal of volatile organic compounds as part of environmental remediation at the site. Four other outfalls included on IBM's original KPDES permit (Outfalls 001, 002, 004, and 005) are inactive. They are not requested to be included in the renewed permit because the remediation systems associated with these outfalls are not in operation. IBM has no plans at this time to reactivate these systems and outfalls.

IBM has no modification requests associated with the current permit.

Please note that any correspondence related to this application should be directed to the mailing address indicated on Form 1, Section I(C):

IBM Corporation
Attn: Mitchell E. Meyers
8976 Wellington Road
Manassas, Virginia 20109

Charles L. Head ■ R. Scott Shillaber ■ Charles A. Crocetti ■ James A. Chabot
Mathew A. DiPilato ■ Daniel B. Carr ■ Duncan W. Wood ■ Joseph G. Engels ■ Vernon R. Kokosa

Sanborn, Head & Associates, Inc.
20 Foundry Street ■ Concord, NH 03301
concord@sanbornhead.com ■ **www.sanbornhead.com**
Phone (603) 229-1900 ■ Fax (603) 229-1919

Thank you for your attention to this matter. We look forward to your review. In the meantime, if you have any questions, please do not hesitate to contact us.

Very truly yours,
SANBORN, HEAD & ASSOCIATES, INC.

David Shea
Senior Associate

Encl. KPDES Form 1
KPDES Form C
Application Filing Fee

cc: M. Meyers, IBM

IBM CORPORATION
Vice President, Corporate Environmental Affairs
and Product Safety
IBM Corporation
Bldg. 2, MD2393, Somers, New York
(914) 766-2720 / (T/L 826)

December 19, 2002

Memorandum to: Director, Corporate Environmental Affairs

Subject: Delegation of Signatory Authority

Reference: Mr. N. M. Donofrio's memorandum dated September 19, 2001, same subject

The Director, Corporate Environmental Affairs, is hereby authorized, as permitted by federal, state, and local law, to execute and deliver on behalf of International Business Machines Corporation any application for permit, agreement, consent decree, report, notice, instrument and other document in connection with any environmental matter, foreign or domestic.

This delegation may not be redelegated, in whole or in part.

Wayne S. Balta

WSB:vw

cc: George O'Hanlon, Esq.

14:wb1219_DelAuth.lwp

ERNIE FLETCHER
GOVERNOR

ENVIRONMENTAL AND PUBLIC PROTECTION CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WATER
14 REILLY ROAD
FRANKFORT, KENTUCKY 40601-1190
www.kentucky.gov

LAJUANA S. WILCHER
SECRETARY

August 25, 2006

SEP 15 2006
SECOND NOTICE

Mr. Mitchell E. Meyers
Lexmark International, Incorporated
8976 Wellington Road
~~Lexington, Kentucky 40550~~
MANASSAS, VA 20109

RE: KPDES No. KY0097624
Lexmark International, Incorporated
Fayette County, Kentucky

Dear Meyers:

Our records indicate that your Kentucky Pollutant Discharge Elimination System (KPDES) permit is due to expire on March 31, 2007. According to the KPDES Regulation 401 KAR 5:060, "any person with a currently effective permit shall submit a new application at least 180 days before the expiration of the existing permit..." **The due date for your permit renewal application is September 31, 2006**

Please complete the enclosed application forms and return to the KPDES Branch, Division of Water, at the above address by the indicated due date. Applications received after the due date are in violation of 401 KAR 5:060, Section 1, which could result in enforcement action being taken.

If you have any questions regarding the completion of these forms, please contact me at (502) 564-2225, extension 470.

Sincerely,

Vickie L. Prather

Vickie Prather, Acting Supervisor
Inventory and Data Management Section
KPDES Branch
Division of Water

VLP:ASW:asw
Enclosures
C: Frankfort Regional Office
Division of Water Files